



Details entered into VETtrak

CLASS ENROLMENT FORM – RECREATIONAL

Name of Course: _____

Given Name: _____ Surname: _____

Address: _____

Phone: (daytime) _____ After Hours: _____

Email: _____

Emergency Contact: _____ Phone: _____

Employment Category (please tick one)

- 01 Full Time Paid Employee
- 02 Part Time Paid Employee
- 03 Self Employed – Not employing Others
- 04 Employer
- 05 Employed –Unpaid Family Worker
- 06 Unemployed –Seeking Full Time Work
- 07 Unemployed –Seeking Part Time Work
- 08 Not Employed–Not Seeking Paid Work

What is your reason for enrolling in this course? (please tick)

- to get a job
- to start my own business
- to get a better job or promotion
- I wanted extra skills for my job
- for personal interest
- to develop my existing business
- to try for a different career
- it was a requirement of my job
- to get into another course of study
- for self-development

Do you consider yourself to have a disability, impairment or long term condition?

YES NO

If YES, please tick which area/s of disability, impairment or long term condition:

- Hearing/ Deaf
- Intellectual
- Acquired Brain Impairment
- Medical Condition
- Physical
- Mental Illness
- Vision
- Other

Is there anything we can do to support your participation in this class? (e.g. notes in Large Print etc.)

.....

Please Note: Japara will pass this information on to the tutor, to be used in an emergency.

Do you hold any of the following Concession cards?

Commonwealth Health Care Card Veteran's Gold Card

Pensioner Concession

Card Number: Expiry Date:

Signature: Date:

PLEASE ENSURE ALL DETAILS ARE COMPLETED

Office Use Only

Concession Card Sighted: Date.....

Citizenship/Residency Confirmed:Date.....

Class Type

ACFE Recreational